

## CALIFORNIA LIQUID WASTE HAULER RECORD

No 2160

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTHSFUND RECORDS CTR  
999000422

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WELSLACK COMPANY ☐ ☐ ☐ ☐ Code No.Pick up Address: 13344 SO. MAIN ST. L.A.  
(Number) (Street) (City)

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Process which Produced Wastes: 112 ☐ ☐ ☐ ☐ ☐  
(Examples: metal plating, equipment cleaning, oil drilling--Code No.  
wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Acid solution          | 8. <input type="checkbox"/> Tank bottom sediment        |
| 2. <input type="checkbox"/> Alkaline solution      | 9. <input type="checkbox"/> Oil                         |
| 3. <input type="checkbox"/> Pesticides             | 10. <input type="checkbox"/> Drilling mud               |
| 4. <input type="checkbox"/> Paint sludge           | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent                | 12. <input type="checkbox"/> Cannery waste              |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste                |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water              |
|  | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify) WASTE COOLANT WATER ☐ ☐ ☐ Code No.

## Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	Concentration: %	ppm
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

## Hazardous Properties of Wastes:

pH \_\_\_\_\_ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: \_\_\_\_\_ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: \_\_\_\_\_ (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): \_\_\_\_\_

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): ALL AMERICAN OIL COMPANY ☐ ☐ ☐ ☐ Code No.Business Address: 8655 So. Main Street, Los Angeles 90009  
(Number) (Street) (City)Telephone Number: 213 759-6145 Pick Up: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ am ☐ pmState Liquid Waste Hauler's Registration No. (if applicable): 118Job No.: 05322 No. of Loads or Trips: \_\_\_\_\_ Unit No.: A-6Vehicle: ☒ vacuum truck 50 barrels, ☒ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES ☐ ☐ ☐ ☐ Code No.Site Address: 2425 SO. GARDENFIELD, MONTEREY PARK

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

## Handling Method(s):

☐ recovery☐ treatment (specify): \_\_\_\_\_☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well  
other (specify): \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 12/5/77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Korall P. 12-5-77  
Signature of authorized agent and titleFOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name \_\_\_\_\_

A029015